



CITY of LONG BEACH

*1 West Chester Street
Long Beach, New York 11561
(516) 431-1000*

QUIKSILVER RENTAL PROPERTY REGISTRATION

The parties herein agree and acknowledge that they are seeking a waiver of enforcement of Section 13-11 of the Code of Ordinances, Rental Clause for One-Family and Two-Family Dwellings.

The parties herein agree and acknowledge that they shall comply with all other existing laws and regulations of the City of Long Beach in particular but not limited to noise, refuse and parking.

The parties further acknowledge that the City of Long Beach has the right to immediately revoke said waiver without any notice or hearing and the parties may be subject to severe fines and penalties for failure to comply.

This form is an application only and is not a waiver until approved by the City of Long Beach, the Long Beach Police Department and Long Beach Building Department.

Signature of Owner

Signature of Lessee

Property Owner Information

Owner's Property address: _____
Owner's Name: _____
Owner's Address: _____
(no P.O. Box number): _____
Owner's Telephone: _____
Owner's Cell phone: _____
Owner's E-mail: _____

Lessee Information (Corporate or Private)

Tenant's name: _____
Tenant's address: _____
(no P.O. Box number): _____
Tenant's telephone: _____
Tenant's cell phone: _____
Tenant's e-mail: _____

Rental Information

Occupant's name: Print: Sign:
Occupant's address _____
(no P.O. Box number) _____
Occupant's telephone: _____
Occupant's cell phone: _____
Occupant's e-mail: _____
Occupant's vehicle _____
license plate _____

Occupant's name: Print: Sign:
Occupant's address _____
(no P.O. Box number): _____
Occupant's telephone: _____
Occupant's cell phone: _____
Occupant's e-mail: _____
Occupant's vehicle _____
license plate _____

Occupant's name: Print: Sign:
Occupant's address _____
(no P.O. Box number): _____
Occupant's telephone: _____
Occupant's cell phone: _____
Occupant's e-mail: _____
Occupant's vehicle _____
license plate _____

Occupant's name: Print: Sign:
Occupant's address _____
(no P.O. Box number): _____
Occupant's telephone: _____
Occupant's cell phone: _____
Occupant's e-mail: _____
Occupant's vehicle _____
license plate _____

Occupant's name: Print: Sign:
Occupant's address _____
(no P.O. Box number): _____
Occupant's telephone: _____
Occupant's cell phone: _____
Occupant's e-mail address: _____
Occupant's vehicle _____
license plate _____

Real Estate Information

Agent's name: _____
Broker's name: _____
Telephone: _____
Cell phone: _____
E-mail: _____